

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>						SERIAL NO. APPLICANT(S)	FILING DATE
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	7	↓	↓	↓	↓	↓	↓
TOTAL DEP.	15	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	22						
51							
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TOTAL IND.	↓	↓	↓	↓	↓	↓	↓
TOTAL DEP.	↓	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS							